

+ RCE
THU

DIPE
JUN 15 2005
PATENT & TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/795,805
Filing Date	March 8, 2004
First Named Inventor	Richard K. Squires
Art Unit	3748
Examiner Name	Thai Ba Trieu
Attorney Docket Number	2516.STS.CN

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 C.F.R. § 1.114**

- a. ☒ Previously submitted
 - i. ☒ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on May 16, 2005
(Any unentered amendment(s) referred to above will be entered).
 - ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - iii. ☐ Other _____
- b. ☒ Enclosed
 - i. ☐ Amendment/Reply
 - ii. ☐ Affidavit(s)/Declaration(s)
 - iii. ☐ Information Disclosure Statement (IDS)
 - iv. ☒ Other Fee Transmittal, Return Postcard

2. **Miscellaneous**

- a. ☐ Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)


- b. ☐ Other _____

3. **Fees**

The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

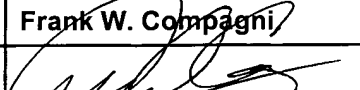
- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 50-0881.
 - i. ☐ RCE fee required under 37 C.F.R. § 1.17(e)
 - ii. ☐ Extension of time fee (37 C.F.R. §§ 1.136 and 1.17)
 - iii. ☒ Other: Charge any additional fees and credit any overpayment.
- b. ☐ Check in the amount of \$ _____ enclosed
- c. ☒ Payment by credit card. (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED

Name (Print/Type)	Frank W. Compagni	Registration No. (Attorney/Agent)	40,567
Signature		Date	June 15, 2005

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to : Mail Stop RCE, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type)	Frank W. Compagni	Express Mail No.	EV 517448321 US
Signature		Date	June 15, 2005

FEE TRANSMITTAL for FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF
PAYMENT

(\$)**395.00**

Complete if Known

Application Number
10/795,805
Filing Date
March 8, 2004
First Named Inventor
Richard K. Squires
Examiner Name
Thai Ba Trieu
Art Unit
3748
Attorney Docket No.
2516.STS.CN

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **50-0881** Deposit Account Name: **Morriss O'Bryant Compagni, PC**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES			SEARCH FEES			EXAMINATION FEES			Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)		Fee (\$)	Small Entity Fee (\$)		Fee (\$)	Small Entity Fee (\$)		
Utility	300	150		500	250		200	100		
Design	200	100		100	50		130	65		
Plant	200	100		300	150		160	80		
Reissue	300	150		500	250		600	300		
Provisional	200	100		0	0		0	0		

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3, or for Reissues, each independent claim more than in the original patent	200	100
Multiple Dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Small Entity Fee (\$)
-20 or HP=	X	=				
HP= highest number of totals claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
-3 or HP	X	=				
HP= highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35. U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100=	/50=	(round up to a whole number) x	=	

4. OTHER FEE(S)

Other: **Request for Continued Examination** **\$395**

Other: _____

SUBMITTED BY

Name (Print/Type)	Frank W. Compagni	Registration No.	40,567	Telephone	(801) 478-0071
Signature		Date	June 15, 2005		